FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30.2008
Estimated average burden
hours per response.....16.00



Name of Offering (check if this is an amend	ment and name has changed, and indicate change.)						
PCP - Hillcrest 306, L.P.							
Filing Under (Check box(es) that apply):	ule 504 Rule 505 Rule 506 Section 4(6)	ULOE					
Type of Filing: New Filing Amendme							
·							
	A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issu	ner						
Name of Issuer (check if this is an amendment	nt and name has changed, and indicate change.)						
PCP - Hillcrest 306, L.P.							
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
5495 Belt Line Road, Suite 340, Dallas, Tex	as 75254	972-866-7577					
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
(if different from Executive Offices)	PROCESSED						
Brief Description of Business		6 1 6					
Real Estate Investment	DEC 1 3 2006£	Selvenies /					
Type of Business Organization	THOMSON _						
corporation limit	ed partnership, already FINTANCIAL other ()	please specify) UV & VIIIU >					
- Cusiness was	· · · · · · · · · · · · · · · · · · ·						
Actual or Estimated Date of Incorporation or Organ	Month Year nization: 0 8 0 6 Actual Estin	motod					
	Actual or Estimated Date of Incorporation or Organization: 0 8 0 6 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
	N for Canada; FN for other foreign jurisdiction)	DE					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 ot 3 (1) 2 (1)

			A. BASIC ID	ENTIE	FICATION DATA				
2. Enter the information re	quested for the fo	lowing:							
• Each promoter of t	he issuer, if the iss	uer has be	en organized w	ithin t	he past five years;				
• Each beneficial ow	ner having the pow	er to vote o	r dispose, or di	rect the	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
Each executive off	icer and director o	f corporate	issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
• Each general and n	nanaging partner o	f partnersh	ip issuers.		-				
Check Box(es) that Apply:	Promoter	∐ Ben	eficial Owner	Ц	Executive Officer	Ц	Director	Ш	General and/or Managing Partner
Full Name (Last name first, i PCP GP, LLC - Hillcrest							-		
Business or Residence Addre 5495 Belt Line Road, Su	•			ode)					
Check Box(es) that Apply:	Promoter	Bene	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)				·-				
Bellerive Interests, LLC -	No. 93 Series								
Business or Residence Addre	ss (Number and	Street, City	, State, Zip Co	ode)					
5495 Belt Line Road, Suit	e 340, Dallas Te	xas 7525	4						
Check Box(es) that Apply:	Promoter	Ben	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Centinary Interests, LLC	,					-			
Business or Residence Addre 5495 Belt Line Road, Suit	•		•	ode)					
Check Box(es) that Apply:	Promoter	Ben	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Prestwick COP Interests,	•	eries	-			_			
Business or Residence Addre 5495 Belt Line Road, Su	•		•	ode)	-				1
Check Box(es) that Apply:	Promoter	Веле	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i HFS Phoenix 06 Fund, L	,	 				-			
Business or Residence Addre 8350 Meadow Road, Sui	-			ode)					
Check Box(es) that Apply:	Promoter	Ben	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						· · · · · ·		
Business or Residence Addre	ss (Number and	Street, City	, State, Zip Co	ode)		 -			
Check Box(es) that Apply:	Promoter	Ben	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						· — — — ·		····
Business or Residence Addre	ss (Number and	Street, City	, State, Zip Co	ode)					
	(Use bla	nk sheet, o	copy and use	additi	onal copies of this sl	ncet, a	s necessary	')	

					B. I	NFORMAT	ION ABOU	T OFFERI	NG				
1,	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.						Yes	No D					
2.	What is	the minin	num investm	ent that w	vill be acce	pted from	any individ	lual?		***************************************		\$ <u>7,0</u>	35.75
3.	Done th	a offaring	permit join	t ownerchi	n of a sina	de unit?						Yes	No
4.		_	•		-								
•	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful N/	•	Last name	first, if indi	ividual)						•			
		Residence	Address (N	lumber and	d Street, C	ity, State, Z	Zip Code)						
				-1								·	
Nai	me of As	sociated B	roker or De	aier									
Sta	tes in WI	nich Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers			,			
	(Check	"All State	s" or check	individual	States)			*************	***************************************			☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if indi	ividual)		· ·		 -					
Bus	siness or	Residence	e Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nar	me of As	sociated B	roker or De	aler									
Sta	tes in Wi	nich Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers						•
	(Check	"All State	s" or check	individual	States)	***************************************				***************************************		☐ Al	1 States
	AL. IL. MT	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)			<u></u> -						
Bus	siness or	Residence	e Address (N	Number an	d Street, C	City, State,	Zip Code)						
Nar	me of As	sociated B	roker or De	aler									
Sta	tes in Wi	nich Persor	ı Listed Has	Solicited	or Intends	to Solicit	Purchasers			 			<u> </u>
	(Check	"All State	s" or check	individual	States)			•••••	•••••		••••••	☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ì.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	0.00	s 0.00
	Equity		\$ 0.00
	Common Preferred	-	
	Convertible Securities (including warrants)	0.00	0.00 \$
	Partnership Interests		§ 4,147,218.61
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		- · · · <u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$ 4,147,218.61
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs	_	\$ 0.00
	Legal Fees		§ 0.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify) estimated marketing expense		\$ 5,000.00
	Total	_	\$ 5,000.00

L	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	and total expenses furnished in response to Part C	offering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross		s4,142,218.61
5.	each of the purposes shown. If the amount for	s proceed to the issuer used or proposed to be used for rany purpose is not known, furnish an estimate and al of the payments listed must equal the adjusted gross Part C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	\$
	Purchase of real estate] \$ _	. 🗆 \$
	Purchase, rental or leasing and installation of and equipment	machinery [¬\$	□ \$
	Construction or leasing of plant buildings and			
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)		7 \$. [\$
				_
	Working capital	[_ \$	
	Other (specify): Acquisition of Limited Partn	er interests in real estate investment partnership	\$	\$_4,147,218.6
] \$	\$
	Column Totals		\$_0.00	\$_4,147,218.6
	Total Payments Listed (column totals added) .	s 4,147,218.61		
		D. FEDERAL SIGNATURE		
sign	nature constitutes an undertaking by the issuer to	the undersigned duly authorized person. If this notice furnish to the U.S. Securities and Exchange Commiss accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	tle 505, the following on request of its staff,
Issi	ner (Print or Type)	Signature /	Date	
PC	P - Hillcrest 306, L.P.	/ Junio bak	11-16	-06
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Har	nmond Heath	Manager of PCP GP, LLC - Hillcrest 306, its g	eneral partner	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)